

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814

September 24, 1996



ALL COUNTY INFORMATION NOTICE I-51-96

TO: ALL COUNTY WELFARE DIRECTORS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: SUPPORT QUESTIONNAIRE (CA 2.1Q)

REFERENCE: FAMILY SUPPORT DIVISION (FSD) LETTER 94-30, AB 2208 AND AB 3804

The purpose of this notice is to transmit the revised Support Questionnaire, CA 2.1Q (8/96). The primary revision to this form is inclusion of the Declaration of Paternity information in Section 3. Additionally, Section 2D is revised to clarify the marital status of the absent parent or unmarried father in the home.

**STOCK**

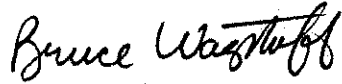
The Support Questionnaire, CA 2.1Q (8/96) is designated as a required form and no substitutes are permitted. Stock may be ordered from the California Department of Social Services (CDSS) Warehouse according to the forms ordering procedures in the County Forms Catalog upon receipt of the Notice of Change form (Gen 127), which is issued when stock is available.

**CONTACTS and TRANSLATIONS**

Camera-ready copies of the Support Questionnaire, CA 2.1Q (8/96), in English and/or Spanish are expected to be available at a later date and counties may order by calling the Forms Management Unit at (916) 657-1907 or CALNET 437-1907. Camera-ready copies of the Asian language (Chinese, Cambodian, and Vietnamese) versions will also be available, and counties may order by either calling the Language Services Bureau at (916) 464-1282 or FAX their requests to (916) 657-3429 or CALNET at 473-3429.

If you have questions regarding this notice and/or the CA 2.1Q form, you may contact Donna Morgan of the AFDC Policy Implementation Bureau at (916) 654-5709 or CALNET 464-5709.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Wagstaff". The signature is fluid and cursive, with the first name "Bruce" and last name "Wagstaff" clearly distinguishable.

BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

c: CWDA  
Attachment

**SUPPORT QUESTIONNAIRE****Instructions:**

You must answer all questions and fill in all the blanks whether shaded or not.

COMPLETE ONE FORM FOR EACH PARENT ABSENT FROM THE HOME OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.

Use a separate piece of paper if you need more room.

**FOR COUNTY USE ONLY**

CWD CASE NAME	FSD CASE NAME
CWD CASE NUMBER	FSD CASE NUMBER
CWD WORKER NAME/NO.	FSD WORKER NAME/NO.
TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )

**SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF**

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SSN	BIRTHDATE	BIRTH PLACE	RACE
HOME STREET ADDRESS, APARTMENT NUMBER		CITY	STATE	ZIP	TELEPHONE NUMBER ( )
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO ABSENT PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

**SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE PARENT ABSENT FROM THE HOME OR UNMARRIED FATHER IN THE HOME**

<b>A. NAME (FIRST, MIDDLE, LAST)</b>		SSN	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE	BIRTH PLACE
LAST KNOWN STREET ADDRESS, APARTMENT NUMBER		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.		
WHEN WAS THIS ADDRESS CURRENT?		TELEPHONE NUMBER ( )		WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?	
				DOES THIS PARENT LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>B. WHAT KIND OF INCOME DOES ABSENT PARENT HAVE?</b> <input type="checkbox"/> Earnings <input type="checkbox"/> UIB/DIB <input type="checkbox"/> Social Security <input type="checkbox"/> None <input type="checkbox"/> Other					
LAST KNOWN EMPLOYER		TELEPHONE NUMBER ( )			
STREET ADDRESS		TYPE OF WORK			
CITY	STATE	ZIP	UNION MEMBER? <input type="checkbox"/> YES UNION NAME <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
WHEN DID THIS PARENT LAST WORK HERE?		UNION ADDRESS:			
<b>C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		WHO IS COVERED?			
NAME OF INSURANCE		POLICY NUMBER		DATE OF COVERAGE	
<b>D. PARENTS ARE OR HAVE BEEN</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> LIVING TOGETHER DATE _____ WHERE _____ DATE _____ WHERE _____					
<b>E. IS THERE A COURT ORDER FOR SUPPORT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING		AMOUNT ORDERED \$	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER
HOW DOES THE PARENT PAY? <input type="checkbox"/> TO YOU <input type="checkbox"/> TO COUNTY <input type="checkbox"/> PAYS HOUSEHOLD BILLS <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> OTHER		WHEN DID PARENT LAST PAY?		HOW MUCH? \$	
<b>F. NAME OF A FRIEND OR RELATIVE OF ABSENT PARENT</b>		RELATIONSHIP TO ABSENT PARENT		TELEPHONE NUMBER ( )	
ADDRESS (NUMBER AND STREET)		CITY	STATE	ZIP	
<b>G. DOES THIS PARENT OWN ANY MOTOR VEHICLES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		MAKE	MODEL	YEAR	LICENSE NO.
<b>H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		WHAT/WHERE			
<b>I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		WHAT COUNTY OR STATE?			
<b>J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IF YES, WHEN/WHERE			
<b>K. HAS THIS PARENT EVER BEEN IN THE MILITARY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IF YES, WHEN/WHAT BRANCH			

**SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS ABSENT PARENT OR UNMARRIED FATHER (✓) Sex**

NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES; DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES; DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES; DATE SIGNED COUNTY

**DECLARATION OF PATERNITY****SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)**

☐ I don't want other child support enforcement services.

SIGNATURE	DATE
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